

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 96

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MICA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. St. Margaret Mary Catholic School**

Mailing Address 641 N Knowles Ave

City	State	Zip Code
Winter Park	FL	32789

Purpose of Disbursement  
Charitable Contribution

012

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2011

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : 0029573

**B. NATIONAL REPUBLICAN CONGRESS. COMMITT.**

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Transfer

008

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2011

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : 0029660

**c. Ormond Memorial Art Museum**

Mailing Address 78 East Granada Blvd

City	State	Zip Code
Ormond Beach	FL	32176

Purpose of Disbursement  
Charitable Contribution

012

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2011

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : 0029658

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5600.00